UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS
TOOELE COUNTY HEALTH DEPARTMENT
APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

Certificates for births that occurred in Utah from 1931 to the present are available at this office.

WARNING: It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to $5,000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6.

INSTRUCTIONS

1. An application must be completed for each birth requested. Picture ID is required to obtain birth certificates.

2. There is a fee of $20.00 for each search of our files. Additional certified copies of this record ordered at the same time are $10.00 each.

3. Send the completed application with an easily identifiable photocopy of the front and back of your ID and the required fee (checks or money orders made payable to Vital Records) to Tooele County Health Department, Vital Records, 151 North Main, Tooele, Utah 84074. For any questions, please call (435)277-2301.

4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.

5. When you receive your birth certificate(s) please take the time to review the entire record for accuracy. Your copy can only be replaced within 90 days from the issuance date.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE

DATE OF BIRTH

PLACE OF BIRTH (City) ______________________ (County) ______________________ (Hospital) ______________________

FULL NAME OF PARENT 1 (Mother’s maiden) ______________________ BIRTH DATE ______________________

BIRTHPLACE OF PARENT 1 (State or Country) ______________________

FULL NAME OF PARENT 2 (Father) ______________________ BIRTH DATE ______________________

BIRTHPLACE OF PARENT 2 (State or Country) ______________________

APPLICANT

RELATIONSHIP: I am: (Please circle one) Self  Mother  Father  Sibling  Spouse  Child  Grandparent  Grandchild

Other (Specify) ______________________

If other, reason for requesting certificate: ______________________________________________________________

Your Signature __________________________________________ Date ______________________

Printed Name __________________________________________ Telephone Number ______________________

Your Address __________________________________________ (City, State & Zip)

NUMBER OF CERTIFIED COPIES REQUESTED

1 Certified Copy $ 20.00 +

___ Additional Certified Copies ($10.00 each) $ +

TOTAL FEE $ ______________________

(If this order is to be mailed, please PRINT the name and mailing address below)

For OFFICE USE ONLY (do not write below)

PAID:  CHECK  CASH  DEBIT/CREDIT

Certified Paper #: ______________________
Request #: ______________________

Revised 11/17

Clerk’s Initials ______________________